

Your information will be held strictly confidential.

## Erie County Parks Volunteer Form



### PERSONAL INFORMATION

Name <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	First	Middle	Last	
Street Address	City	State	Zip	Date of Birth
<u>Home Phone Number</u> <u>Message Phone Number</u>	E-Mail Address			
Are you currently volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If “yes,” what is the name of the organization you volunteer at?		What is your current volunteer job title?		
Briefly explain your volunteer duties.				
If “no,” what would you like to do and/or where would you like to volunteer?				

Outdoor interests, hobbies, or special training and skills \_\_\_\_\_

**If you're not sure what you would like to do, don't worry. We can choose from a list of volunteer positions.**

Do you have transportation and will you be driving to your volunteer assignment? ☐ Yes ☐ No

If “yes,” please complete the following:

Do you have a Valid NYS Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of your automobile insurance company	Policy Number
Have you ever been convicted of a misdemeanor or felony?		

First Aid Training (indicate highest level of Certification)	CPR Certification?
Expiration Date	Do you have any physical or medical limitations that may affect your choice of work or place limitations on your assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes,” please explain.

**EMERGENCY CONTACT INFORMATION**

Person to notify in case of an emergency?

Name

Relationship

Phone

**REFERENCE OR MOST RECENT EMPLOYERS****ADDRESS/PHONE NUMBERS****DATES OF EMPLOYMENT**

1. _____
2. _____
3. _____
Would you like to be put on our Special Project Mailing List? <input type="checkbox"/> No <input type="checkbox"/> Yes

**How Did You Hear About Us?**

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**GROUP** (Your answer to this question is optional. Information is used for statistical analysis only.)

<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American/Alaskan	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other
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**EXPERIENCE & EDUCATION**

Education Completed: <input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate	
Previous Employer	Occupation

**SIGNATURE**

 Volunteer Signature Date _____	_____ Volunteer Coordinator Date _____
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*FOR OFFICE USE ONLY*

Volunteer Job Description:	
Station:	
Transportation Arrangements:	
Comments:	